

Pillar Nursing Placements Limited

Pillar Nursing Placements Limited

Inspection report

139 Upperthorpe Road
Sheffield
South Yorkshire
S6 3EB

Tel: 01142995090
Website: www.pillarnursingplacements.co.uk

Date of inspection visit:
15 March 2019
18 March 2019

Date of publication:
03 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Pillar Nursing Placements is a domiciliary care agency registered to provide personal care. The agency office is based in the Upperthorpe area of Sheffield. The agency provides support with nursing personal care, domestic tasks and companionship. The Care Quality Commission (CQC) only inspects the regulated activity of 'personal care' being provided to people who use the service. However, we do take into account any wider social care provided. At the time of our inspection the service was providing personal care to one person.

People's experience of using this service:

People were safe, processes and practices protected people from abuse, there were enough staff to ensure people's needs were met. Staff recruitment followed safe practices. We observed staff had time to provide care and support in a positive way. People's medicines were managed safely. Risks to people were identified and managed in a way that did not restrict their freedom. People were protected by the prevention and control of infection.

One person who we could not verbally communicate with was able to express their happiness and satisfaction with the care they received and the staff who supported them by facial expression (smiles), body language and gestures.

People were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw a person being supported in the community. The staff member showed patience and care with the person as they were crossing a road on the way to the shops, they did not rush them whilst ensuring they stayed safe.

Staff supported people to make their own decisions and choices. Staff were knowledgeable and understood the principles of the Mental Capacity Act. Where people required support with diet this was provided by staff. People were supported to receive a nutritious and balanced diet. Staff received effective training to fulfil their roles and responsibilities and were supported.

Relatives spoke positively about the care and support their family member received. They told us staff were kind and caring, maintained the person's dignity and respected them.

People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and for them or their advocate to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

There was a complaints procedure available which enabled people and relatives to raise any concerns or complaints about the care or support they received. Relatives we spoke with said they had no concerns but would not hesitate to talk with the registered manager if required.

Staff worked closely with a range of community care professionals to promote good outcomes for people. Feedback from care professionals involved with the service was very positive.

The service was consistently well-led. Relatives said they had regular contact with the registered manager and felt the service was 'well run'. Staff felt well supported by the registered manager.

The registered manager and care coordinator carried out a wide range of quality checks and audits of the service to make sure the care and support provided was of high quality. Feedback from people, relatives, staff and care professionals was regularly sought, so they could contribute to ongoing improvements within the service. This supported the continuous improvement of the service.

Rating at last inspection: This was the first inspection since the provider registered with CQC in March 2018.

Why we inspected: This was a planned inspection based on the registration date. The service has met the characteristics of Good in all key questions.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Pillar Nursing Placements Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides personal care to adults with a range of support needs, including people living with dementia, a learning disability and physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes or telephone people's families and we needed support from the registered manager to arrange this.

What we did:

On the 15 March 2019 we telephoned and spoke with two relatives of people who received support from the service.

On the 18 March 2019 we visited the office location to see the registered manager, and review care records

and policies and procedures relating to the service. We also visited a person in their home to ask their opinions about the care they received and to look at their care records. During this visit we also spoke with a support worker and a care coordinator.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from other sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners and care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they felt their family members were safe whilst being cared for by the support workers of Pillar Nursing Placements Limited. Comments included, "I think[name] is safe, I have no worries" and "I feel [name] is in safe hands. I can go away with peace of mind and without any qualms about [name] safety."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. We saw safeguarding concerns had been reported appropriately following procedures.
- Staff we spoke with understood the importance of safeguarding adult procedures. Staff knew how to recognise and report abuse and they explained the correct procedures to follow if they needed to report any safeguarding incidents.

Assessing risk, safety monitoring and management:

- Environmental risk assessments were completed to ensure staff safety in people's own homes. Regular safety checks took place to help ensure any equipment used was safe.
- Care plans contained assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. Risk assessments were reviewed on a monthly basis, or more frequently if required and changed when people`s needs changed. This ensured risks were managed.

Staffing and recruitment:

- There were enough staff employed to ensure people's needs were supported and people were kept safe. Relatives told us their family member consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. Relatives said, "Time keeping is not an issue, the staff are excellent they will stay above their hours if needed", "[Name] receives care every day and through the night. This is provided by five staff and we know them all" and "The staff at 'Pillar' are very reliable we have previously used two other companies and 'Pillar' are by far the best."
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.

Using medicines safely:

- People received their medicines as prescribed by their GP. Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- Medicine records checked were fully completed. When they were returned to the office at the end of each month they were checked, and any discrepancies were dealt with. Where necessary, appropriate action was taken to prevent further errors or discrepancies.

Preventing and controlling infection:

- Infection control measures were in place to stop the spread of infection. Staff were aware of and followed the infection control policy and procedure.
- Staff confirmed they used personal protective equipment (PPE), when providing personal care to people and during meal preparation. Staff told us they had good access to PPE such as gloves and aprons.

Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring. Staff recorded any accidents or incidents at the time they occurred. The registered manager also considered whether they were any lessons to be learned from each incident. Accidents and incidents were discussed at meetings attended by staff. This meant all staff were made aware of action they needed to take to reduce the risk of incidents reoccurring and any lessons learned were shared with the staff team.
- We saw action had been taken by the provider and registered manager over two medicine errors that had occurred in the last six months. Actions taken included reporting the incidents to CQC and safeguarding, increasing medicines training and supervision for staff and increasing the frequency of audits. A relative said, "There had been a mistake with some medicines. I know mistakes can sometimes happen, but it was good that the manager was open and transparent about the error. They also kept me informed and they took action to resolve it and prevent it happening again."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives were positive about the care their family member received from staff at Pillar Nursing Placements Limited. They said, "The care they give is excellent" and "We are very happy with the agency."
- One person who we could not verbally communicate with was able to express their happiness and satisfaction with the care they received and the staff who supported them, by facial expression (smiles), body language and gestures.
- Whilst in the community we observed a support worker supporting a person. The staff member showed patience and care with the person as they were crossing a road on the way to the shops, they did not rush them whilst ensuring they stayed safe.
- People's needs were assessed prior to them starting with the service and then at regular intervals. This meant care was provided to people in line with their current needs and preferences. Relatives said, "We were very much involved in the assessment process" and "We are regularly invited to attend care plan reviews."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Relatives said, "Staff are well trained, they certainly know what they are doing."
- Staff completed a comprehensive training programme and regularly refreshed their knowledge of different subjects.
- Staff received regular supervision from their line manager and annual appraisals. Staff told us they felt supported to carry out their roles effectively.
- Unannounced spot checks were carried out to observe staff member's work practice. Relatives of people who used the service told us this also gave them the opportunity to say what they thought about their support workers. A relative said, "[Named registered manager] does spot checks I have been there when she has completed one and she asked me for my opinion."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Picture menus were used for some people who used the service to assist them in making choices. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought. People's dietary intake and fluid intake were monitored by staff and people were weighed at regular intervals.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services to ensure their needs were met. Staff told us if they had concerns about people's health they would immediately alert the registered manager and refer onto

health professionals. Relatives were positive about how the service had helped their family member access health services they said staff often escorted them to health appointments.

- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised care plans for the people they supported.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.

- Staff ensured specialist equipment was available when needed in people's own homes to deliver safe, effective care and support.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by them. The staff supporting one person liaised closely with community nursing services.

- One care professional told us, "A good relationship has been built up between [name of person] and their support workers. It cannot be overstated how important this is to [name] as indeed to [name's] family who are actively involved in [name's] care. [Name's] condition has improved, and they continue to have an enjoyable and meaningful life."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The registered manager said no applications had been made.

- The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff told us how they offered a person the choice of which clothes they would like to wear and how they used pictorial menu cards to assist a person to make choices about which food they would like. A relative said, "[Name] is always offered choices. We knew[name] would prefer female care staff and this request had been met."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us the staff were caring, kind and considerate. Their comments included, "The carers are well matched with [name] they are absolutely lovely."
- We observed staff were kind and spoke to people in a respectful manner. Staff spoke about treating people as individuals and told us about the positive relationships they had developed with people they supported.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. Staff asked for consent from people before supporting them. Staff offered people other choices when the person clearly indicated they did not want to go out at that particular time and to a particular place.
- People's diverse needs were recorded in support plans and staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their care plan. This process was embedded into the service. Relatives said, "[Named registered manager] keeps me in the loop" and "I am Involved in regular care plan meetings and reviews."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful to their family member and themselves. They said, "Carers have a good respectful relationship with [name]." Staff spoke with people in a respectful manner and knew how to communicate effectively to meet people's communication needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and accurately described the support they needed from staff. They were reviewed every month or sooner if a person's needs changed. This helped to ensure they were up to date, so people would receive the correct level of support from staff.
- Care plans clearly documented people's likes, dislikes and social histories. They contained specific details about the person's choices in relation to all aspects of their care. This helped staff provide a more personalised service to each person.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff told us the care plans were in people's homes to follow and they were regularly updated.
- The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. People's communication needs were assessed by the service and were kept under review. This helped to make sure people were provided with information in the right format, so they could remain actively involved in making decisions about their care.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. We observed staff communicating effectively with people they supported.
- Staff supported some people with a range of activities some of which were community based. People took part in these according to their personal preference. One relative told us how much their family member enjoyed their days out with staff. They said, "[Name] really enjoys their day out with their support worker. A lovely thing staff do is send me photos when [name] and carer are enjoying themselves, say in the gardens or a café."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- Relatives told us they all knew how to make a complaint and felt their complaint would be appropriately dealt with by the registered manager. Their comments included, "I would go to [named registered manager] with any worries or concerns and they are sorted. I had reason to raise an issue a couple of months ago and this was sorted."
- We checked the service's complaint records and found one complaint had been received within the last year. This had been appropriately recorded, investigated and responded to, in accordance with the provider's procedure.

End of life care and support

- The registered manager told us they created care plans which included people's wishes for the end of their lives where this was appropriate. They included information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.
- Relatives said, "We have openly talked with the manager about DNACPR and funeral arrangements which are in place. These are recorded in the care plan."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives of people who used the service told us the service was well led and they felt listened to. They said, "We are very happy with the agency; we would certainly recommend it to others."
- The registered manager was open and transparent and had good communication with staff, people who used the service and their relatives.
- The registered manager was keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service, which was driven by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff felt well supported by the registered manager and they provided positive feedback about how the service was run. Staff said, "The manager leads by example. She wants the best for clients. She is really supportive", "She visits us (staff) and people all the time so she knows what is happening" and "You can contact [named registered manager] at any time, she is really approachable."
- Staff morale was positive, and they told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities. Staff worked effectively as a team. Staff told us they could rely on each other.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives said they knew the registered manager and could contact and talk with them at any time. Their comments included, "Communication with the manager and senior staff is excellent."
- Staff meetings took place, so the registered manager could share information about the service and discuss any areas that required improvement with staff. Minutes of staff meetings showed areas for improvement had been discussed, with a view to improving the quality of care.
- People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The registered manager told us they had discussed the findings to everyone who had an interest in the service and they would use this to continuously improve the service. A relative said, "I think I have completed one or two surveys and the manager has discussed them with me, I speak with her very regularly."

Continuous learning and improving care

- The registered manager and care coordinator monitored the quality of the service. Each month they

completed a range of checks on the service. For example, they audited the medication administration records, finance records and daily logs that were returned from people's homes.

- The registered managers quality assurance system also evidenced the action taken following any audits being completed. Where audits identified something could be improved, the registered manager acted to ensure the improvements were implemented. Relatives said, "The manager keeps an eye on all the records, they are taken to the office every month for checking. She checks the shopping receipts every month as well."

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people who used the service. Care professionals said, "Having liaised with the team on numerous occasions, I found them to be a very good, proactive and professional service."